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CASE OF PLEURISY, FOLLOWED BY PHLEBITIS AND PULMONARY  
ABSCESSES.

MESSRS. EDITORS,—I send a report which, as companion to the case of purulent absorption that you published for me in the Journal of Sept. 13th, you may like to print. Very truly yours,

*Woodstock, Vt., Dec. 27th, 1855.* WM. HENRY THAYER.

W. T., æt. 27, physician, but not now in practice, of slender form, and not very robust, was exposed to wet and cold on the 18th and 19th of November. Was chilly, with general pain, on the 20th, but still kept out, and took sulphate of morphia freely at night. Had acute pain in right front chest below nipple on the 21st, impeding respiration somewhat. Took more morphine at night. Was seen by me first on the 22d, when I made the following record.

Nov. 22d.—Lying on back. Pain as yesterday. No cough nor expectoration. Pulse 106. Respiration 20. Percussion somewhat dull over lower right back, but respiration apparently equal in the two backs. In front, no difference in the two sides. No râles nor abnormal sounds anywhere. Some tenderness at the seat of pain. Is quite restless, and is reported to have been considerably delirious last night, both of which may be due to the morphine. Headache. No dejection for four days. R. Pil. cathart. comp. no. iii. Sinapism to seat of pain.

He had at this time a sloughy-looking abscess forming in his right cheek, which he pricked the next day. It continued to enlarge, with œdematous swelling of the whole side of the face, and in a day or two I opened it. During the growth of this abscess he was delirious by night, but quiet. As the abscess increased, the pain in the side declined, so that he could take a full inspiration. By the 27th, he appeared so nearly well, that I thought of leaving him. He was, however, attacked the next day with acute pain in the *left* chest in front and at the lower part, with the same symptoms as at first, but more severe. He had no dyspnoea requiring him to sit up, but respiration was painful. He coughed occasionally, with rarely any expectoration. About this time there began a swelling in and around the right submaxillary gland, gradually increasing; and as it

grew, the pleuritic symptoms subsided in a great measure. By the 2d of December the swelling had increased so as to make it inconvenient to swallow or to speak. It involved the subcutaneous areolar tissue from the angle of the jaw to the chin, the right half of the tongue, the sublingual gland and the soft palate. There was very little tenderness of the surface. Considerable salivation. The swelling increased and extended steadily from this time; the tongue became so much enlarged that he could not close his jaws; the whole submucous areolar tissue of the mouth became swollen, mostly on the right side; the tongue acquired a very dark color, and its surface and the mucous membrane under it and elsewhere had thick patches of lymph upon it. From the 3d to the 6th, he sat up in bed more than half the time, finding it easier to breathe in that position; his breathing was labored both during inspiration and expiration, noisy, chiefly through nose, and not exceedingly rapid. It had been 36 in the minute, but was at this time not more than 30. There was no lividity of the face, but great anxiety of expression, which became very distressing when I passed my finger into his mouth for examination; at such times he perspired profusely and his breathing was hastened and disturbed for several minutes. His voice was not much altered, but his articulation on the 3d, 4th and 5th, was almost unintelligible. His pulse varied from 120 to 130, and was feeble. His skin was generally moist and temperate, but was usually reported to be dry and hot during a part of the night. He had no delirium in the last week of his life, until the last day when there was occasional incoherence. But his restlessness became very great, and on the night of the 5th he did not sleep at all. The next day he seemed easier, articulated better, slept somewhat, but lost all power of swallowing by noon. About 4 P. M. he awaked from sleep, complaining of being cold. His wife, finding his hands cold, went down for help, and on her return he was just breathing his last.

There were several symptoms worthy of note, which occurred—whose precise date I cannot give. About the last two days of November, he expectorated mucus more or less streaked with dark blood. After the swelling of the mouth had become very great, he had several times a moderate discharge of pus from his mouth—never more than two or three drachms. Several times in the last week of his life, he complained of distress or some degree of pain in the whole front chest, which was usually relieved by a sinapism. Twice after the inflammation of the mouth began, he had an attack of vomiting—the first was about a week before death. On the day before his death, œdema of the right side of the face, including the lips, came on, and continued increasing to the end.

For treatment, he had sulphate of morphia one sixth of a grain at night, when very restless; carbonate of ammonia six grains every four hours, from an early day; during the last week, brandy one ounce daily, and latterly two ounces. His mouth was syringed frequently with a solution of sulphate of zinc, alternating in the

last two days with an infusion of capsicum. For the last five days of his life, he received all his food by the rectum, on account of the difficulty of deglutition. It consisted of the juice of about three pounds of beef, and a pint of milk daily. About once a day a few drops of laudanum were added to the injection—but it was generally retained without it. He had during this time two, and sometimes three, dejections daily, liquid or thin, but of foecal color and odor. When the swelling had nearly reached its height, I scarified his tongue with the loss of about two ounces of blood, and considerable relief. On the evening of Dec. 4th, on a slight probability of the presence of pus below the jaw, I made a small incision with the lancet, but found none; he lost two drachms of blood.

*Autopsy*, seventeen hours after death, in the presence of Messrs. Wilkins, Pierce and Page, medical students.

*Rigor mortis* established. Moderate discoloration of posterior parts. Sudamina, mostly quite large, over the chest, towards the axilla, and in the iliac regions. Swelling of face still considerable.

Very little adipose tissue. *Pleural adhesions* on both sides, chiefly anteriorly, soft and close, by a small amount of recent lymph, which was irregularly effused upon the serous surface—smearred with a little pus. On the left side the *lung* is also slightly adherent to the *diaphragm*. In the left pleura about one ounce of purulent serum; none in the right. The two lungs varied little in their condition, and the description of one will suffice for both. They contained numerous purulent collections, varying in amount—in size from three lines to an inch in diameter—chiefly towards the anterior part, and lying immediately under the pleura. These were irregular in shape, surrounded invariably by a layer of false membrane, in the middle of healthy lung. These fibrinous investments were in no case empty. They were usually filled with a dark brown, and more or less soft, substance, sometimes preserving a solid form, in other instances nearly liquid, but always readily broken down and turned out of the false-membranous cavity. Some of them contained pure yellow pus. None of them had any gangrenous odor. I believe them all to have contained more or less pus, for they resembled very nearly the masses found in the lungs of the case referred to (*Med. Journal*, Sept. 13th). Where these were at the surface, they were more prominent than the surrounding lung, and had a thin layer of false membrane upon the pleura near their circumference. The remaining parts of the lungs contained much fluid, but crepitated everywhere. The posterior parts were dark and had more fluid than the rest. The left *bronchi* were slightly reddened. *Trachea* normal. *Larynx* of natural appearance. *Glottis* and *epiglottis* very considerably oedematous, so as to be translucent, but not distended. *Tongue* coated with lymph. Anterior portion of the *pharynx* very much thickened by enlargement of the papillæ and submucous deposit (lymph?).

No pus found in the tissues around the larynx and trachea, but considerable serum on the right side. *Right external jugular vein*

filled with a brownish adherent clot and pus—traced about three inches up; no pus seen below its termination in the innominate, but the *internal jugulars* and the innominate are filled with coagulum, having, apparently, no adhesion to the lining membrane. *Vena cava* natural. The *pericardium* contained several ounces of serum. *Heart* normal in every respect. The right cavities contained more than two ounces of rather soft coagula—left, less than an ounce. From one cavity a small whitish, fibrinous string extended into one of the vessels for sixteen inches.

*Liver* had several spots on its surface, of a yellowish color, covering an area of two or three inches. These extended half an inch or more into the substance of the organ. No pus was found, nor other abnormal appearances, in the liver. *Gall-bladder* half-filled with bile. *Spleen*, *left kidney* and *peritoneum* perfectly normal. The *intestines* appeared natural, but were not opened (for want of time). Right kidney not examined. *Mesenteric glands* slightly enlarged, not abnormal. No tubercles found anywhere.

No examination of the *brain*.

*Recapitulation*.—A man of somewhat feeble organization, after prolonged exposure, contracts pleurisy of the right side. No serous effusion. The pleurisy subsides, in two or three days, as an ill-conditioned abscess in the right cheek is developed. In a week from the first attack, the abscess is also healed and the patient is convalescent. Symptoms of inflammation of the left pleura immediately appear—more severe than the former pleurisy—but also without effusion of serum. These pleuritic symptoms decline in a day or two, with the gradual appearance of inflammation of the right submaxillary gland and the areolar tissue around. This inflammation extends to the tongue, involving all the muscles of its right side and those of the same side of the lower jaw and the areolar tissue, in one indistinguishable mass. The external jugular vein becomes involved in the inflammation, and pus probably passed into the circulation nearly a week before death—giving rise to vomiting and repeated feelings of distress in the chest.

The *post-mortem* examination revealed much more numerous and larger pulmonary abscesses than in the case reported in September; while the symptoms referrible to pyæmia were decidedly less marked in this case than in the former. This discrepancy between symptoms and lesions may, perhaps, be referred to the difference in the amount of destructive suppuration of tissues which preceded the circulation of pus with the blood in the two cases. In the former case there was free suppuration in the hip-joint and all the surrounding muscles; in this case, suppuration was extremely limited, and after death no pus was found in the neck, except in the right external jugular vein. I am inclined to date the commencement of the formation of the pulmonary abscesses at about a week before death—soon after the onset of inflammation in the neck. It was at this period that vomiting occurred, and from this time onward that he complained of occasional distress in chest. It is, however, not im-

possible that the pyæmic condition began during the course of the abscess in the cheek—a week before—since inflammation of the external jugular might equally well arise from this source. Delirium, which occurred for several successive nights at that time, is a symptom, which after the termination of the case, it is very natural to refer to pyæmia for its cause.

The term "purulent absorption," if ever correct, does not probably express the truth in these two cases. It is natural, however, to retain terms which are in common use, even after they have lost their signification. It is not stating anything new to pathologists, to say that according to modern views the pus which is found in the lungs in cases of this nature *is formed there* by inflammation of the pulmonary tissue arising from the alteration of the blood which follows the introduction of pus into it at some other point in the system. The pus is conveyed by the veins to the heart, and forwarded from thence; and the pus-globules which reach the capillaries of the lungs in their entire state, are unable, from their size, to permeate the latter. These globules now become a central point of stagnation (and finally of extravasation), in the adjunct branches of the pulmonary artery, and thus determine, eventually, local inflammation and suppuration.\* Rokitansky says that "the attendant anatomical process [of these purulent masses in the lungs] consists essentially in a spontaneous coagulation of the blood-fibrin in the capillaries, and its immediate liquefaction, with ulcerous corrosion of the blood-vessels, membranes, and of the contiguous textures; to which process, inflammation with similar products, as the encompassing inflammatory areola, supervenes."† We see the undoubtedly existence of inflammatory action in the fact that each of these purulent masses in the lungs is surrounded by a soft fibrinous layer. The view taken by Hasse, that pus-cells are arrested in the capillaries of the lungs by their large size, and there become the exciting cause of local abscesses which are formed about them, does not, of course, admit of absolute proof. But neither have we any more conclusive evidence of the explanation given by Rokitansky, who, equally discarding the earlier opinion (that the purulent masses in the lungs were composed of the identical pus which had entered the circulation from some distant point, and had there found a sort of cesspool to detain it), seems also to doubt that the arresting of pus-cells ever has any effect in determining the situation of the abscesses, but refers it all to the altered condition of the fibrin of the blood generally. I would suggest that neither of these distinguished pathologists need be considered as having the whole truth, but that Hasse, in speaking of the arrest of pus-cells in the capillaries of the lungs, should have mentioned the great probability that they had there a poisonous influence, which gave rise to effects more serious than a simple foreign body would produce in the same situation; such an influence as they may have by their presence anywhere in the blood in circulation.

\* Hasse's Pathological Anatomy, &c.

† Rokitansky's Pathological Anatomy, I., 382.

That this is the case we have no doubt, from the difference in the character and severity of symptoms following the introduction of pus into the circulation under different circumstances. I may quote again the very best authority: "it is certain that a large proportion of bland pus taken up into the circulation proves far less mischievous than an incomparably smaller quantity of purulent ichor."\* If this difference exists in pus in several cases, we must suppose that it is in all cases not a mechanical irritant merely. It does not follow from anything Hasse says, that he doubts the poisonous character of pus-globules, except that he does not speak of it as a cause of the pulmonary abscesses. That there is also a very serious alteration in the character of the blood generally (as shown by its imperfect coagulability and the dissolution of its red globules), is very clear; and to this change, and the poison which produces it, may be very properly referred the grave symptoms in cases of this kind and their fatal character, whatever influence it may have in the production of the pulmonary abscesses.

The local poisonous effects of pus we see in cases of persons inoculated with lymph taken from the vaccine pustule after suppuration has begun in it, so that pus is carried along with the lymph. In such cases, the inoculation is usually followed by a more extensive and serious inflammation of the arm than occurs in those vaccinated with unmixed lymph.

We have thus seen that the presence of pus in the blood is the primary cause of the abscesses in the lungs (as also in the liver and spleen, when they occur). As to its first introduction into the circulation, we have the best evidence that it is secreted by the veins themselves, when they are in a state of inflammation; or, when received into the veins from without, that it enters only through breaches artificially made in their coats, or produced by ulceration or sloughing in consequence of abscesses in the neighboring parts. Absorption of pus is anatomically impossible from the size of the pus-cells. Indeed, from their size, it is supposed that they can with difficulty pass through the capillaries of the lungs along with the blood; hence their stagnation there and the subsequent inflammatory action which they excite—an inflammation which has no tendency to resolution, but ends only in suppuration. "Vogel, however, without assigning any reason," says Hasse, "considers it not impossible for single pus-globules to pass through the capillaries of the lungs." If, however, the measurements of Addison and Kölliker may be relied on—unless I misunderstand their statements—the diameter of a pus-globule is to that of a pulmonary capillary as 8 to 5, and therefore the pus-globule cannot pass through the lungs while it continues in a state of integrity.

I have said that the absorption of pus is anatomically impossible. Where pus is in such a situation that we can apparently see its rapid absorption—as in a superficial abscess which is not discharged but

\* Rokitansky.

subsides—we shall find that it is only the *liquor puris* which is removed. The separation of the pus-cells from the serum in which they are contained is not difficult, and takes place in pus that is removed from the body and allowed to stand for some time ; the cells subside to the bottom, leaving the serum pure above. "It is only," says Vogel, "the serum of pus which can be conveyed unchanged into the vessels by means of resorption. \* \* \* \* An actual resorption of pus can only occur when its corpuscles become liquified and fluid. This process is, indeed, very rarely observed, and an extremely long time is requisite for it, since the fluids of the body in which the corpuscles must be dissolved usually exert no great solvent power upon them. The resorption of pus often appears to occur in a comparatively short period, for the serum of a fluctuating abscess becomes suddenly resorbed, causing the fluctuation and all physical signs of the presence of an abscess to disappear ; while the pus-corpuscles, however, remain long uninjured, and are only very gradually resorbed."\*

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**MEDICAL AND SURGICAL EXPERIENCES AT THE HOUSE OF INDUSTRY.—NO. IX.**

BY C. E. BUCKINGHAM, M.D., FORMERLY PHYSICIAN TO THE INSTITUTION.

[Communicated for the Boston Medical and Surgical Journal.]

*Cases of Erysipelas—(Continued.)*

**CASE XXXII.**—Mrs. R. H., aged 40. Admitted from city ; said to be convalescing from erysipelas. Had no appetite, and was taking mild tonics.

March 30th, 1850.—Found her by her account improving, with the exception of an erysipelatous eruption on her cheeks and lower eyelids. Pulse 104. To have two grains of sulphate of quinine every hour.

31st.—Quite sick. Inclined to be delirious. Tongue dry and cracked. Forehead, nose, cheeks and chin swollen ; very ghastly and eyes closed. Pulse 107.

April 1st.—Scalp affected. Face very much swollen. No delirium.

April 10th.—Fast improving. Right elbow has been affected, and left side down to the thigh. An abscess on the right elbow opened on the 3d, and to-day another was opened over the left anterior superior iliac spinous process. Appetite is good. Quinia was omitted on the 4th, and an ounce of wine, three times a day, was substituted.

12th.—Discharged almost well.

**CASE XXXIII.**—Mary McG., adult, was admitted from the city on the 30th of March, 1850. Saw her first on the 31st. Cheeks and nose vesicated. Nose suppurating. Aspect of patient, ty-

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\* *Vogel's Pathological Anatomy.*

phoidal. Teeth covered with sordes. Tongue dry, brown and cracked. Pulse 124, moderately full. Patient not easily roused. To have five grains of sulphate of quinia every three hours.

April 2d.—Disease confined to face and scalp. Face excessively swollen, cracked and discharging pus. Eyes closed. Pulse 103.

3d.—Insensible. Respiration stertorous. Disease does not appear to advance. Pulse 92.

4th.—Pulse 76. Otherwise the same.

5th.—An abscess forming over the right eye, which is much swollen. Can open the left eye a little. Face sealing.

6th.—Quinia reduced to four grains.

7th.—Pulse 64.

8th.—Pulse 60 and full. Doing well. Opened the abscess.

10th.—Opened the abscess again. Able to open both eyes. Medicine omitted. Was discharged in a few days.

CASE XXXIV.—Margaret K., 8 years old. Entered Female Hospital for abscess under the scalp, covering a circle of skull of the diameter of four inches. Lousy and filthy in an extreme degree. This was in March, 1850. The abscess not being disposed to heal, it was laid open from behind forwards. The wound granulated and seemed disposed to heal.

April 9th.—Hot and feverish. On that day got a dose of sulphate of magnesia, which operated freely.

April 10th.—Erysipelas of the scalp, which extends from the wound, irregularly down the forehead, and on the back of the neck. To have a grain of sulphate of quinia every six hours.

11th.—Disease has not extended. To have two ounces of wine every six hours.

12th.—Swelling of soft parts about neck, and over the upper edge of the right scapula. Eruption peeling.

13th.—An abscess, pointing in the spot mentioned yesterday, was opened. Discharge of large amount of pus. No erysipelatous appearance on the skin anywhere.

14th.—Opened abscess which was formed behind the left sternomastoid muscle.

15th.—Opened another abscess on left side of neck, still farther back.

16th.—Doing well.

19th.—Continues doing well.

CASE XXXV.—*Periostitis (?) with Erysipelas and probably Peritonitis.* C., æt. 35. Pedlar. General health feeble. Contracted syphilis from his wife two years since. Many years ago lost one arm by gun-shot. Five months since became lame in the left foot and ankle. Entered the Male Hospital about April 1st, 1850. Lower part of leg and foot at that time much swollen and very painful. Has been treated locally with leeches, poultices and washes. He is urgent to have his leg removed. There is no opening through the skin, but [April 8th] manifest fluctuations below the external malleolus. Made an incision and discharged a small amount of

pus, with partial relief of the pain. The wound was dressed with warm water and he got opiates. The discharge continued several days with relief of the pain. On the 10th he was put under the influence of ether, and a careful examination was made. The end of the tibia manifestly enlarged, but no carious nor necrosed bone could be felt. The probe passed freely over the instep for an inch, and behind the bone as far. The foot being very much swollen and oedematous, the skin was scored with a scalpel, and a profuse discharge of serum followed. Three grains of blue pill with half a grain of opium were directed three times a day, and a hundred drops of laudanum at once.

11th.—Reports little sleep. Begs to have his limb removed. A little inclination in the scarifications to suppurate. To have fifty drops of laudanum three times a day, the other treatment being continued, and nourishing diet.

12th.—More quiet at night. Pain excessive; and redness of the skin.

13th.—Pulse 140, full and bounding. Pain in head. Pain in foot excessive. Leg swollen as high as the centre of the calf and of a purplish-red color. Behind the skin and cellular tissue thickened, two thirds of the way to the knee. Skin tense and shining. Again scarified the foot and the leg. To omit the medicine of April 10th and substitute two grains of sulphate of quinia every two hours; also a fourth of a grain of sulphate of morphia every two hours, p. r. n. A strip of cantharides cerate, an inch in width, to encircle the thigh, just above the knee-joint. The foot to be dressed with cold water.

14th.—The erysipelas extends nearly to the knee, behind and before. Pulse less strong, 140. Has had no dejection for three days. Foot very much swollen. Stopped the quinia after taking six grains, on account of abdominal pain supposed to be caused by it. Got five eighths of a grain of morphia. To have sulphate of quinia, aloes and sulphate of iron, of each one grain in pill every hour. Also half an ounce of sherry wine every hour till the aloes purges; then omit the pill and continue the wine in one ounce doses every hour.

15th.—Had great difficulty of respiration. Abdomen swollen, painful, tympanitic. Shoulders raised. Took his aloes, &c., twelve times. No dejection. Sank rapidly, and died at 1 A.M. Autopsy not allowed.

CASE XXXVI.—*Wound of Scalp—Erysipelas.* G., sailor, from Portland, April 13th, 1850, was struck with a stone, as he supposed, in the head, just above the right eye. The surgeon who saw him united the wound with three stitches. He was admitted to the lower male ward, on the 15th of April. There was a curved wound, two inches long, the concavity being upwards, extending from three quarters of an inch above the outer edge of the right eyebrow, upwards and inwards. No ecchymosis. Edges clean and have united. There is evidence of pus under the integument. Right eye

full and swollen, lids closed, tense and shining. The whole surface from an inch below the right eye to the hairy scalp and into it, and from the right ear to the central point of forehead over the left eye, is a dusky red, tense, shining, and pits on pressure. Tongue covered with a thick yellowish-white coat. Pulse 70, full and hard. Hearing good. Complains of nausea and pain in the head. Is never inclined to vomit. Removed the stitches, and with a probe opened one end of the wound, discharging several drachms of dirty, bloody pus. No wound of bone, no denuded bone discovered. To have a grain of sulphate of quinia every two hours; two grains of calomel every four hours. Head to be shaved and a lotion of hydrochlorate of ammonia freely applied.

16th.—Headache less. Tongue and pulse the same. No dejection. Purulent discharge slight. Treatment as yesterday, with nourishing food.

17th.—No headache. Pulse 70, full but not hard. Tinnitus aurium. Frequent dark dejections. Swelling much diminished, as is also the redness. Discharge slight. Eye still closed. Medicine to be omitted and a capeline bandage applied so as to compress the abscess.

18th.—Slept well. Right eye open. Swelling diminished. No headache.

26th.—Up to this day was doing well, and has been out. A few drops of pus only from his wound as long ago as the 20th. Last night he soaked his feet in cold water, which was followed by a chill and excessive pain in the head. To-day his whole face is swollen, red and dusky. Integument thickened. To have a grain of sulphate of quinia every six hours.

27th.—Face and eyes much swollen and red. Headache. Tongue thickly coated. Refuses broth, which has been allowed. Occasionally vomits. Has nausea constantly. Omit quinia. Give him a grain of tartrate of antimony and thirty grains of ipecac.

28th.—Face more swollen. Headache intense. Medicine operated freely as an emetic-co-cathartic. Vomiting continues. Resume the quinia.

24th.—Pulse 100. Swelling increasing. Eyes nearly closed. Occasional delirium. Let him have a grain of sulphate of quinia every hour.

30th.—Does not sleep. No tinnitus. No headache. Pulse 100 and full. Erysipelas has not extended to the scalp. Skin of face cracked with the swelling. Double the dose of quinia.

May 1st.—Headache slight. The disease seems to be stationary. Has no tinnitus. Pulse 76, full and strong. Has appetite. Has had his medicine regularly. It may be increased to three grains every hour.

2nd.—Disease does not progress. Pulse 76. Slight delirium. No headache nor tinnitus. Has had eight dejections. Diminish the quinia to three grains every three hours, then to be taken with an ounce of Madeira wine.

May 3d.—Pulse 64. Feels better; four dejections. No delirium.

4th.—Slight tinnitus. Pulse 68. Feels quite well. Reduce quinia to a grain and a half every six hours, and the wine to half an ounce every six hours.

5th.—Medicine omitted.

6th.—Discharged.

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### Reports of Medical Societies.

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#### EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

SEPT. 24th. *Exophthalmus with Recurrent Tumor.* Reported by Dr. HENRY J. BIGELOW.

The patient was a boy, 9 years old, who had a mass of uniform, semi-transparent and bluish-white tissue, of soft consistency, removed from the orbit of the right eye. The tumor consisted, microscopically, of non-malignant material; uniform nuclei and nucleoli of moderate size; neither cancer cells nor irregularities, on the one hand, nor, on the other, was there the fusiform element, sometimes, and even very recently, assigned as characteristic of *fibro-plastic* growths. The tumor was first removed by Dr. B. from above the globe in May last. There was recurrence in a month, a considerable exophthalmus, but with vision; and the ocular globe was then removed with the tumor behind it. The disease was dormant for three months after this operation. Microscopically, the first and second specimens were identical. On recurrence for the third time, Dr. B. dissected out everything up to the optic foramen, clearing the orbital cavity completely, and removing some bone which the tissue had now infiltrated. The eyelids were also removed. This tumor is, *microscopically*, "benign," but *clinically and locally, malignant.*\*

Dr. BETHUNE referred to a case previously related by him to the Society, of *fatty tumor of the orbit*, and which was thoroughly removed; there was no recurrence. He also spoke of the tendency in certain patients to the formation of different epithelial growths. A patient now under his care had a pterygium removed by him from each eye in March last. A week or two since, a tumor of the conjunctiva (*pinguecula*) was dissected from over the right sclerota. There are now two small, imperfectly encysted tumors of the right upper lid, and, lastly, a warty growth at the edge of the left upper lid.

Dr. H. J. Bigelow spoke of a large tumor removed from the orbit of a man six years ago, and which he had seen in consultation with Dr. York, of South Boston. The mass was then recurrent after an operation less than a year before, and stood out, fungous and encephaloid in appearance, of the size of a goose's egg, protruding far beneath the orbit. The man begged to be relieved of the pain which resulted from the mere dragging weight of the mass. Dr. B. saw no objection, and it was skilfully excised by Dr. York. Dr. B. then cauterized the soft interior of the orbit with a hot poker. It is now six years and the tumor has *not returned*. A few

\* Dec. 24th. Dr. Bigelow has recently learned that the growth has again returned, is extending outside the orbit down the cheeks, and that the patient is rapidly failing. SECRETARY.

exuberant granulations are occasionally repressed by an alum poultice only. The growth proved to be a solid, firm, whitish mass of well-marked *cancroid epithelium*, as it has been termed; or, if Dr. B. might use a name he had himself applied to this affection some years ago, *epitheloides* (like epithelium) or epitheloid disease.

Dr. J. B. S. JACKSON asked if it be common to observe recurrence of epithelial cancer of the lip?

Dr. Bigelow believes that local recurrence soon after excision is owing to imperfect removal of the disease. Hence, in operations, he always wipes and examines at once the cut surfaces of the removed portion, and if disease is detected, excises more of the lip. When thoroughly cut out, epitheloides usually returns in about two years in the submaxillary glands. Enlargement of the morbid growth in this situation then proves fatal in a year or two. But, on the other hand, in one case of an elderly gentleman, a physician, operated upon by Dr. B., an unequivocal epitheloid of the lip, there has been no recurrence in ten years. In a man where the whole under lip was involved and removed square to the chin, the disease returned locally. In a second similar case Dr. B. carefully scraped the jaw bone, and the cicatrix remained perfectly pliable and sound till death, two years after, from disease of the glands under the jaw. In both the last cases the under lip was made from the cheeks. Thorough local removal of the disease is essential to prevent local recurrence, but even early operation does not prevent infection of the absorbent glands in many cases.

In reply to queries as to the frequency of recurrence in epithelial warts, Dr. Bigelow said that pimples in elderly people which visibly grow for months, and are the seat of stinging pain, are usually true epitheloid disease and are locally cured by excision, or as well, when small, by caustic. The true "wart" is a different thing; innocent; probably hypertrophied papillæ; and microscopically resembles, in appearance, a bunch of radishes, the roots outward.

To a question from Dr. Jackson, whether there is ever transformation of these growths into true cancer, Dr. Bigelow replied that he had never witnessed it; but, practically speaking, if in an elderly person, a mole or pimple is growing appreciably, and refuses to yield to an astringent wash, such as lead-water, for example, or to citrine ointment, the sooner it is excised, or extinguished with Vienna paste, or other strong caustic, the safer it probably is.

SEPT. 24th. *Vaginitis in a Child of three years.* Dr. WILLIAMS reported a case of severe inflammation of the vagina, probably occasioned by the introduction of sand while bathing in the surf, and aggravated by want of proper care on the part of the child's attendants. There was a copious muco-purulent discharge, and for a week the child also suffered from retention of urine. This was passed but once in twenty-four hours, after much suffering, and the urgency of the symptoms required at one time the use of the catheter for their relief. As the swelling and excoriation of the parts were removed by emollient and astringent remedies, the child rapidly improved.

Mr. WILDE, of Dublin, has recently published an able paper, calling attention to this disease. He was led to do so by the prosecution of several individuals, on a charge of having attempted violence upon small children who were discovered to have discharges from the vagina. The innocence of the accused was conclusively established, and Mr. Wilde not only exposes the manner in which such accusations originate, but goes on to prove

that cases of this description are not infrequently met with in children who are exposed to cold and dampness, and who are negligently cared for.

Dr. W. has previously met with this disease, in two children in one family. In this instance the mother had been suspicious that the origin of the symptoms was of a more grave character than mere neglect of cleanliness.

SEPT. 24th. *Severe Wound resulting from a Fall.* The account of this accident was sent to Dr. CABOT by Dr. CHARLES BELL, of Concord, N. H., and was read to the Society by Dr. ELLIS.

G. D., the patient, is a hotel keeper, 47 years of age, of good constitution and temperate, so far as known. Late in the evening of June 6th, he fell from a scaffold in his barn, a distance of about fifteen feet, and struck upon his right side on the floor. Upon recovering somewhat from the shock of the fall, he got upon his feet and succeeded in reaching his house. It being late at night, no medical advice was sought until early the next morning, when Dr. Bell was called. He had passed a sleepless night, and had lost, as nearly as could be estimated, about half a pint of blood, which flowed from a wound in his right side. When Dr. B. saw him there was only a slight oozing of bloody serum, and no bleeding of any consequence. The wound was about four inches in length, immediately under the last false rib, extending in the direction of the fibres of the external oblique muscle, and penetrating into the peritoneal cavity. In order to be sure of this fact, Dr. B. introduced, carefully, a blunt probe and passed it several inches into the abdomen. Upon separating the lips of the wound, the inferior edge of the liver appeared in view at every inspiration. It was ascertained that the wound had been made by the sharp edge of a piece of joist, against which the patient had struck in falling; besides the abdominal walls (in him over an inch in thickness), a waistcoat, the waistband of his trowsers, and two shirts, were sharply cut through, as though with a knife.

Dr. Bell took two or three stitches through the skin alone, and dressed the wound with adhesive plaster and cerate. It was found necessary to have the adhesive strips very long, in order to control the wound and prevent its gaping. He complained of much soreness of the abdomen and chest, and was much annoyed by a slight cough which he had had for a few days, and which seemed to be increased by the irritation arising from the blow. On each side of the wound, and extending in the same direction, the flesh showed the effects of a severe bruise. This was especially the case over the lower part of the thorax, but no ribs were broken. In addition to the bruises, the right gastrocnemii muscles were badly strained. He preferred to lie on the injured side. When first seen, he had slight fever; the pulse was regular and rather full; about 80; he had a little headache, probably in consequence of the blow. He complained of thirst, but was not inclined to eat. Dr. B. had him bathed with spirit and water, and administered an anodyne.

*June 7th.*—The patient slept a little last night, but was annoyed by cough and headache; cold applications relieved the latter. No more feverishness than yesterday. Not much appetite, and quite marked soreness of the abdomen and chest. Says he had had no operation from the bowels for two or three days before the injury, and is habitually constipated, but is unwilling to have an enema. Does not complain much of pain in the immediate vicinity of the wound.

*June 8th.*—Improving; had a good night; pulse 80; not much febrile action. The wound was dressed and looked well. An operation from the bowels was obtained by means of two compound cathartic pills.

From this time he gradually improved, no unpleasant symptoms occurring; and Dr. Bell ceased to visit him on the 19th of June. At that time he was able to walk a little with a cane. Within a week afterwards Dr. B. saw him; he was able to walk out, and seemed nearly well. He had a bubonocele of the right side. Some weeks after his recovery from the fall, he consulted his physician for an open bubo in the right groin, arising, probably, from the transmitted irritation of the wrench of the muscles of that leg. There was no ulceration upon the leg, or other apparent source of irritation, and there was no suspicion of syphilis. The termination of the case was very satisfactory, in view of the severity of the injury.

SEPT. 24th. *Screw swallowed by a Child six Years of age, and thrown off after having been in the Air-Passages for three Years.* Dr. JACKSON referred to the case. He was at the house of a medical friend, when the father of the child called to show the screw which had just been thrown off; it was about half an inch in length. There had always been indications of trouble about the lower front part of the right lung, and for the last few days there was haemoptysis, with symptoms of pneumonia. The child is now nine years of age.

[Another instance of the above accident, with a similar result, was reported to the Society by Dr. CHARLES E. WARE, January 22, 1855. (See *Extracts from the Records*, Vol. II., p. 173, *American Journal of Medical Sciences* for April, 1855, p. 357.) This case is remarkable for the long period of retention of the foreign body and the comparatively slight amount of irritation caused by its presence. In Dr. Ware's patient there was far more constitutional disturbance, convalescence from which was prolonged for "nearly a year."—SECRETARY.]

SEPT. 24th.—*Purpura Hæmorrhagica.* The following account was sent by Dr. WM. D. LAMB, of Lawrence, Mass., to Dr. J. B. S. JACKSON, who communicated it to the Society.

The patient was an American, a stable keeper, 49 years of age, and had been a perfectly healthy man for the past twenty years, during which time he had hardly taken a dose of medicine. He was of correct and temperate habits, and had been as well as usual until the present attack. He first complained of lassitude, pain in the head, constant and severe pain in the lumbar region, between the last lumbar vertebra and the sacrum; there was no redness or tenderness. He complained at times of the pain being more acute and extending through to the hypogastric region, at which times there was nausea, and vomiting of the fluids taken, and also of mucus and bile. No relief followed this emesis. There was great desire for cold drinks and for ice, but there was no pain or tenderness in the epigastric region. Tongue partially covered with a yellowish coat; pulse 95, full but easily compressed.

Five grains of calomel were given, followed by cold soda-water; and pieces of ice were swallowed; mustard was applied to the epigastrum and to the seat of pain.

May 6th.—The patient passed a restless night and vomited occasionally, especially when the pain in the lumbar region was most severe; has had three dejections; sense of weariness and pain continue; tongue rather less coated; heat and pain of the head diminished; pulse 88, full and compressible. A belladonna plaster was applied to the seat of pain. *Evening visit:*—Pain in the lumbar region almost entirely gone; the vomiting had ceased, the tongue was more moist; thirst still very troublesome; pulse nearly the same as in the morning. A mixture of chloric ether and spirits of nitrous ether was given.

7th.—Feels better; no pain or nausea; still complains of weakness; pulse 80; tongue moist and nearly clean. Compound tincture of cinchona was ordered.

[Dr. Lamb was necessarily absent from town and did not see his patient again for thirty-six hours.]

8th.—More weakness and languor, after even slight exertion; the respiration was hurried; he had been restless and sleepless through the entire night. The mucous membrane of the mouth and fauces was covered with a dry, dark, brownish or slate-colored coat, with here and there dark-red or purple spots on the tongue, the inside of the lips and the fauces. No soreness of the gums or looseness of the teeth. The whole surface of the body was of a bright-red color, interspersed with small petechiae not raised above the surrounding skin, but resembling in size and shape those seen in typhus or ship fever. These spots were first observed upon the arms, wrists, legs and knees; the whole front of the body at last presented them. The lining membrane of the nose, urethra and rectum was similarly maculated; the eyes presented the same appearance. There was very little moisture in the mouth; the thirst was great; pulse 100, but easily controlled. The urine was scanty and passed with much effort. Sulphate of quinine with sulphuric acid was freely given, and the tincture of cinchona administered in larger doses. Five grains of Dover's powder were also prescribed and taken.

9th.—The patient had slept a little through the night, but was restless, with hurried respiration on the least exertion; the pulse more frequent; the mind was perfectly clear. More moisture about the mouth and fauces; a great number of dark spots seen upon both; their secretions were tinged with blood; there was frequent desire to micturate, the urine being either streaked or mixed with blood. Dejections slightly bloody. A large number of dark-purple spots on the surface of the body (apparently occupying the former site of the petechiae), both over the chest and abdomen; some very small ones on the face, none of them raised above the skin. *Evening of 9th:*—Secretions of the mouth about one quart in quantity, one half of which was blood; urine three pints, two thirds of which was blood. One dejection, a part of which was blood. The chest and abdomen were covered with innumerable dark-colored spots, varying in size from that of a pin's head to that of a three cent piece, many of the larger ones distinctly raised from the surface of the skin, and hard; the smaller ones were not raised. These dark spots were also seen upon all the mucous surfaces. No swelling of the limbs, or surface of the body; the patient was unable to rise, or to pass his water, or even to take drinks, on account of extreme prostration.

10th.—Has voided small quantities of urine mixed with blood; no defecation, although the bowels seemed distended; patient pulseless, unconscious; death took place at seven o'clock, A.M.

Dr. HENRY J. BIGELOW mentioned a case of this disease which occurred in the practice of Dr. FOGG, of South Boston. The patient had been a high liver; the hæmorrhage began from the gums; petechiae were observed and there was hæmaturia. Dr. Bigelow saw him in consultation and plugged the nostrils thoroughly, but there was, notwithstanding, a slight oozing. Pulse 106 to 108, and full enough. There seemed no immediate ground for apprehending a fatal result, but death occurred quite suddenly the day after Dr. B.'s visit. It was remarked that the blood coagulated but feebly.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 17, 1858.

## DEATH FROM CHLOROFORM.

In our last number we noticed a case in which death occurred from the inhalation of chloroform recently in Edinburgh. We regret to state that the same accident took place in this city on Saturday, Jan. 5th. We copy from the Boston Journal the following statement of the case, as prepared by Dr. Emery, who administered the chloroform.

"Between the hours of 1 and 2 o'clock on the 5th inst., I commenced to administer chloroform to Mrs. P. A. Morgan, at her request, for the purpose of removing some teeth. I commenced with a small quantity—should think from two to three drachms, on a sponge. She inhaled it without difficulty for a minute or two. Her pulse was not strong, but uniform. She then commenced to be excited, and said that I was going to extract her teeth, and she should know all about it. She said that Mrs. Paige (the lady who accompanied her) was getting the forceps to extract them with. I think about one minute had passed during this conversation and excitement. I then removed the sponge from her mouth, and in a few moments she became quiet, and satisfied that there had been no attempt made to remove her teeth. In a few moments I commenced the operation again with the same amount of chloroform. She inhaled it without difficulty about as long as she did before, and became so much excited that she got up out of the chair and insisted that I had extracted her teeth. She spit on the floor and looked to see if it was blood, and she insisted that some one was coming into the room whom she did not want to see. I sat her down in the chair again, and she then went into a spasm, closed her teeth, and breathed with difficulty. I sprinkled water on her face, and the muscles relaxed, and I asked her to get up and we would place her on the lounge. She made an effort to rise, and with my assistance stood on her feet, and then instantly sank to the floor. With the assistance of Mrs. Paige, I placed her on the lounge, and then there was a rush of blood to the brain. I sprinkled water in her face again, but she showed no signs of being conscious. Mrs. Paige went for assistance, and I immediately commenced artificial respiration by insufflation, and kept it up until Dr. Stedman came in, which was but a few minutes." To this account by Dr. E., the Journal adds—

"As was stated in our paper yesterday, the inquest was held by Dr. C. H. Stedman, and the jury returned the verdict 'that the deceased came to her death from the effects of the chloroform, and that the chloroform was a pure article, and was given at the urgent solicitation of the deceased, and with all proper care and discretion.' They further say, 'from the testimony and opinion of medical experts in this case, the jury feel compelled to caution the public against the use of chloroform, as being a dangerous anæsthetic agent.'"

With this recommendation we entirely agree, and we have before urged, not the necessity of caution (for caution seems to be of no avail in these cases), but the abandonment of chloroform and concentrated chloric ether, as anæsthetic agents, in ordinary cases; the more especially since we have the original article used for producing insensibility to pain, sulphuric ether,

which is efficient, cheap, and above all, safe. We are not aware that any case of death has occurred from the direct effect of the inhalation of ether, and although it is possible that such an event may take place, the article is beyond all question more safe than chloroform, the number of deaths from which now amounts, we fear, to thousands.

We cannot help thinking that the amount of chloroform used in this case was very large. It appears that from "two to three drachms" were first inhaled, and that the same amount was repeated. We believe that the most approved practice in England is to pour a few drops (twenty minims, DRUIT) on a handkerchief folded into a hollow cone, or into an apparatus specially designed for the purpose, and held at the distance of a few inches from the patient's nose. This is to be repeated occasionally until anaesthesia is produced; in many cases a single drachm is sufficient.

#### CULTIVATION OF LIQUORICE IN THIS COUNTRY.

A CORRESPONDENT of the *New York Times* (Mr. William R. Prince, of Flushing, L. I.) is of the opinion that the officinal *Glycyrrhiza Glabra* may be easily cultivated in this country. He says: "The liquorice is one of the most important plants that is destined to be added to American agriculture, and merits at our hands an early adoption, on account of the facility of its culture, its great usefulness for various purposes, and for the large profit it yields to the cultivator. When the high-priced lands of England are profitably devoted to it, how much more profitable must it prove, where land is plentiful and cheap, and where, above all, as in several of the Western States, the soil is naturally permeable, free from all stones, and no manuring required. It is, indeed, mortifying to American pride, to witness the many thousands now paid to Europe for an article like this, so simple in its culture that we ought to be the largest exporters of it, thus adding another item to our 'granary of the world.'

"It has long been extensively cultivated in Spain, and from the commencement of Queen Elizabeth's reign it has been largely grown in various parts of England."

Besides its employment in medicine, liquorice is extensively used in the manufacture of porter and other preparations containing saccharine ingredients, and its introduction into this country could not fail to be profitable.

#### NEWSPAPER RECOMMENDATIONS OF SECRET REMEDIES.

THE *Daily Advertiser* of January 9th contains a reply to some remarks in a late number of the Journal (Dec. 27th) on the subject of "Newspaper Recommendations of Quack Medicines," in the course of which we took occasion to express our regret that that paper should adopt a practice which is universally condemned by the respectable portion of our profession, for reasons which we endeavored to set forth.

The courteous language employed by the *Advertiser* demands our thanks, though we fail to be convinced by its arguments. The state of the matter, in our view, is this:—a great deal of harm is done by advertised patent medicines and nostrums; the immense quantity of them which is swallowed by the public cannot fail to be detrimental to the health of the community, while any encouragement to their sale tends to retard the progress of the science of medicine in one of its most important departments, the application of remedies to the treatment of disease. It is characteristic of the unenlightened to desire a specific for the cure of every disease; and hence one of the difficulties in the practice of medicine is to *prevent* our patients from taking

drugs. The intelligent physician knows that a specific hardly exists in medicine; that the action of remedies is not so much to directly effect a *cure*, as to remove obstacles to that tendency towards restoration which is inherent in the diseased organization. While medicine is of great utility in the treatment of disease, no two diseases, and almost no two cases of the same disease, are ever treated exactly alike, because there will usually be such a variation in the symptoms as to require some change in the treatment. Hence it is incorrect to talk of the *cure* of a disease by any one remedy (with the single exception, perhaps, of cinchona in intermittent fever), and absurd to propose to apply one medicine exclusively, to two or more distinct diseases.

We have nothing especial to say about the preparation which was the source of the present controversy. We never imagined that it contained any ingredient of a dangerous character, although we are skeptical as to its virtues as a specific for the diseases which it professes to cure. It is the general principle of bringing into notice secret remedies, and encouraging the prevailing tendency to rely upon the indiscriminate employment of drugs for the cure of disease, which we object to.

The editors of the *Advertiser* complain that we have unfairly selected them as targets for our attack. No "attack" was intended, but only a remonstrance, which was addressed to them, as we have before said, simply in consequence of the high standing and wide influence of their paper. As to those journals "which prostitute their columns to an indiscriminate praise of all nostrums," their influence is not sufficiently extensive, nor their character sufficiently respectable, to deserve notice from us.

#### THE AMERICAN MEDICAL SOCIETY IN PARIS.

We have received a copy of the Constitution of the above Society (the active members of which are composed of the American physicians and students residing in Paris) accompanied by a letter, stating its objects, and appealing to the profession in this country to further its interests, by forwarding copies of books and pamphlets on medical subjects, published in America. After complaining of the want of appreciation on the part of French medical men of the labors of the profession here in advancing the condition of medical science, the letter states that "the American Medical Society in Paris has, by the facts which it has furnished from time to time to French medical authors, contributed in a measure to dissipate these mal-appreciations, and has thus succeeded in introducing into French works flattering notices of the successes of American surgery—successes of which the eminent French authors had no previous knowledge, and which would never have found a place in their works but for the existence of the American Library at Paris.

The committee, therefore, appeals to the profession in the United States, to authors and publishers especially, to send contributions to the library of 'The American Medical Society in Paris.'

All books should be addressed to the care of Mr. Bossange, bookseller, No. 139 Pearl Street, New York, through the kindness of whom they will be forwarded to their destination.

#### LECTURES ON ANATOMY, PHYSIOLOGY AND THE LAWS OF LIFE.

Dr. SAMUEL KNEELAND, Jr., of this city, has nearly completed the delivery of a course of lectures on the above subjects, and we learn that they have given entire satisfaction to those who have listened to them. It has

been suggested that the course be repeated, and we believe that it might be, with great advantage. Dr. Kneeland is well known to the profession as a thorough anatomist and an accomplished and ready writer. His lectures have this advantage over most popular ones on such subjects, that they are entirely reliable, and, what is of great importance, free from anything which could pander to a morbid and prurient curiosity, too often catered for by itinerant quacks and adventurers who advertise that they will discourse "to the ladies" at such a time, and "to gentlemen" at another.

If the course we refer to, by Dr. K., be repeated, we hope that many new hearers will encourage the industrious lecturer by their presence. The lectures deserve, moreover, a higher fee, and we hope that applications enough for tickets will be made to warrant the taking of a larger hall.

*Medical Miscellany.*—In the city of Lynn, Ms., as in Boston, the number of deaths in 1855 was less than during the three previous years, while the births have increased one sixth above the highest number in former years.—Mrs. Hannah Bennett, aged 100 years and 11 months, died in this city on Friday last.—The officers of the State Medical Society of Pennsylvania are making praiseworthy exertions to have County Medical Societies organized in those portions of the State in which they do not now exist.—Some of the Swedish physicians have been very successful in treating skin diseases (particularly chronic eczematous eruptions) by the external use of cod-liver oil.—Sweet whey has been advantageously used by Dr. Lowenthal in cases of pertussis—dose at first, half a tea-spoonful several times a day.—In the three principal towns of Scotland, in October last, the births were at the rate of 1 for every 27; deaths, 1 for every 23; marriages, 1 for every 126 persons; 49 per cent. of the deaths were under 5 years of age. In Edinburgh and Aberdeen, 14 per cent. of the deaths were from scarlet fever, and in Dundee 12 per cent. from smallpox.—Prof. Stone, of New Orleans, says of yellow fever: "It is a self-limited disease; it is not to be treated—it is to be managed. All that is to be done is to keep the patient alive for a certain time, and he will get well."—A case of drowning is reported in the Ohio Med. and Surg. Journal, in which, after being in the water 1½ minutes, the body was subjected to the usual restorative means, but without effect, and then left as dead. *An hour afterwards*, further efforts were made by another individual, and continued two hours, producing some action of the nervous system, and an audible groan, but life was not saved.

*Communications received.*—Case of Stricture of the Urethra treated by External Division, at the United States Marine Hospital.—Oleum in Intermittent Fever.—Case of Foreign Bodies in the Rectum and Vagina.—Tertiary Syphilis.—Excision of the Elbow-joint in a case of Laerated Wound of the Articulation.—Case of Muscular Contraction of the Arm from a blow upon the Elbow.—Malaria, its Causes and Effects, No. III.—On the Changes in the Cervix Uteri during Pregnancy.—Case of Retroversion of the Uterus.

**DIED.**—In Realejo, San Salvador, Central America, Frederick Heywood, M.D., son of Dr. Benjamin F. Heywood, of Worcester, 30.

*Deaths in Boston* for the week ending Saturday noon, Jan 12th, 71. Males, 37—females, 34. Accident (by chloroform), 1—apoplexy, 1—inflammation of the bowels, 1—disease of the brain, 1—burns, 1—consumption, 14—croup, 2—dysentery, 2—diarrhoea, 1—dropsy, 2—dropsy in the head, 5—debility, 3—puerperal disease, 1—epilepsy, 1—erysipelas, 1—typhoid fever, 4—scarlet fever, 2—lockjaw, 1—disease of the heart, 1—disease of the kidneys, 1—inflammation of the lungs, 3—disease of the liver, 2—marasmus, 4—measles, 4—old age, 3—palsy, 1—pleurisy, 1—sore throat, 2—smallpox, 1—scarlatina, 1—scalded, 1—teething, 1—unknown, 2—whooping cough, 2.

Under 5 years, 30—between 5 and 20 years, 7—between 20 and 40 years, 18—between 40 and 60 years, 6—above 60 years, 10. Born in the United States, 51—Ireland, 19—Germany, 1.

*Nux Vomica as an Aperient.*—Among the conditions over which *nux vomica*, and its active principle, strychnia, possess most useful powers, is that of habitual constipation, from muscular atony of the intestinal tube. At the City Hospital for Diseases of the Chest, we observe that Dr. Peacock and Dr. Andrew Clark are both in the habit of frequently resorting to it for this purpose. It is generally given in combination with the compound rhubarb pill, and in doses of the extract of from a sixth to half a grain. Of itself it can, perhaps, scarcely be deemed an aperient—that is, it does not so much excite peristaltic action, as supply tone to the weakened muscular coat, by which it is enabled to respond efficiently to other irritants. Hence the need for combination with rhubarb, aloes, or some similar drug. Dr. Peacock mentioned to us a case under his care in St. Thomas's Hospital, in which a man of feeble intellect, and torpid nervous system generally, had derived great benefit from its employment. At first, the bowels were obstinately costive, and lavements produced no action; but since the use of the *nux vomica* (twice daily, gr. ss.) they have so far increased in power and susceptibility, that simple injections are quite sufficient, and procure all the action that is necessary.—*London Med. Times and Gaz.*

*Nitric Acid and Sulphur as an Escharotic.*—Mr. Cock has recently been employing, in some cases under his care, in Guy's Hospital, as an escharotic, a compound of nitric acid and sulphur. A paste is made by mixing the strongest nitric acid with sublimated sulphur, until of a proper consistence. This paste is applied to the diseased surface, the surrounding parts having been protected by plaster, as when chloride of zinc is used. The mixture does not run about. It appears to give less pain than the nitric acid alone, and acts longer, producing more of an eschar. In one case Mr. Cock employed it to remove a prominent mass of granulations in fungous testis, and it succeeded well. A cure, however, did not result, as a subsequent attack of inflammation aggravated the condition. We understood Mr. Cock that the formula had been suggested to him by Sir Benjamin C. Brodie.—*Ib.*

*Punctured Wound of Pericardium—Recovery.*—A case occurred to Mr. Erichsen, in which a man, stabbed with a knife in the fourth intercostal space, over the heart, presented the symptoms of wound of this organ, viz.:—face pale and anxious, pulse 112, respirations 28 and painful, &c. He was actively treated by local depletion, calomel, and rest, with success.—*N. Y. Journal of Medicine and Collateral Sciences.*

*The Boy with a real Tail.*—This phenomenon seems lately to have superseded the sea-serpent in the public interest. Dr. Kahn, of London, who thought to have secured the case for his museum, sent a telegraphic message lately to Middlesbrough, but it was found the boy, or the tail, was *non inventus*. Mr. Paget, of London, not given to quackery, lately removed a tail from a boy at St. Bartholomew's, and said, in public, he was satisfied the boy would earn a guinea a day by its exhibition, so deplorable was the rage now for such things, and so much were these quackeries supported by the press.—*Dublin Med. Press.*

*The Consumption Hospital.*—The Trustees of the Consumption Hospital held a meeting in the Sixpenny Savings Bank, on Monday evening, when they elected the following Committee:—

*Finance*—George D. Phelps, Henry M. Schieffelin, William Dennistown.

*Supplies*—William Miles, William Hoyt, Thomas D. Andrews, M.D.

*Executive*—Alonzo Clark, M.D., John H. Griscom, M.D., Edmund Dwight.

Dr. John H. Griscom submitted the draft of an appeal to be made to the citizens, in behalf of the proposed institution. This appeal asserts that all the hospitals now existing in this State are calculated for acute diseases of a short nature, and that those suffering from consumption and various diseases of the air passages cannot be properly cared for in them. Among the other advantages claimed for the proposed institution was the means it would afford for a thorough knowledge of the fatal disease for whose treatment it would be devoted. Dr. Griscom also stated that he had ascertained that at least 10,000 persons, who had diseases of the heart, applied to the dispensaries of this city for relief.—*New York Times.*